

Iowa Department of Natural Resources
Wastewater Section
Construction Permit Application
SCHEDULE F, Treatment Project Site Selection

DATE PREPARED	PROJECT IDENTITY	DNR USE
DATE REVISED		PROJECT NO.
		PERMIT NO.

1. Project Location: County _____ Section _____ Township _____ Range _____
 Is this a new site? _____ Existing site? _____ or Expansion of existing site? _____

2. Provide the following as attachments (minimum of three each needed):
 - (a) General plat layout of area within a five mile radius of the project, noting all important features.
(U.S.G.S. map may be used).
 - (b) Site layout of area within a 1,500 foot radius of the project with a scale of approximately 1 inch equal to 200 feet, noting project and all features listed in Subrule 567 IAC 64.2(3): inhabitable residences, commercial buildings, inhabitable structures, public shallow wells, public deep wells, private wells, lakes and public impoundments, property lines and rights-of-way, etc.

3. Does the project lie in a floodplain? Yes ☐ No ☐
 Elevation of 100 year flood (MSL) _____ Elevation of 25 year flood (MSL) _____
 Will the treatment works structures, including the electrical and mechanical equipment, be protected from physical damage by the 100-year flood? Yes ☐ No ☐
 Will the plant remain operational during the 25-year flood? Yes ☐ No ☐
 Method of flood protection _____

4. Minimum distance to high water table _____

5. Describe geology of area _____

6. Describe soil conditions _____

7. State the minimum distances and direction to:
 - (a) Municipal wells _____
 - (b) Private wells _____
 - (c) Residences or Businesses _____
 - (d) Recreation areas _____
 - (e) Other _____

8. Direction of the prevailing winds _____

9. Sulfate content of the raw water supply source _____ mg/l. Identify source _____

10. Is this area available for expansion? Yes ☐ No ☐ If yes, how much? _____
 Location of area _____ Identify owner of property _____

11. Will site be accessible via an all weather access road? Yes ☐ No ☐ Type _____

12. Source of STP water supply:

Maintenance/Cleanup _____	Potable? Yes <input type="checkbox"/> No <input type="checkbox"/>
Laboratory/Sanitary _____	Potable? Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Potable? Yes <input type="checkbox"/> No <input type="checkbox"/>

13. Receiving Stream _____ tributary to _____
 7-day 10-year Low Flow _____ cfs. Source of stream flow data _____
 Drainage area above site _____ square miles
 Is stream a dry run _____ intermittent _____ continuous flow _____
 Describe downstream usage of the receiving stream _____